BLOOD LEAD REPORT NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT SFN 60104 (3-2019)

Last Name		F	First Name			Middle Initial	
Street Address		(City		State	ZIP Code	
County			Telephone Number			Birth Date	
Gender □ Male □ Female		☐ American Indian, Eskimo or Aleutian☐ Asian☐ His☐ Nor			Ethnicity Hispanic Non-His Unknow	panic	
Guardian Name (if child patient)			Adult Patient's Employer*				
TEST INFORMATION:							
		Venous		Capil	Capillary		
Date Drawn		Date Analyzed		Date	Date Lead Result		
ANALYSIS LAB INFORI	MATION:		HFAI TH	CARE PROV	IDER INFORM		
Lab Name			Physician Name				
Address			Clinic Name				
City State/ZIP Code		Address					
Telephone Number			City	City State/ZIP		Code	
			Telephone Number				
Under North Dakota's F Department of Environm local health department extent of lead poisoning affect the eligibility of the	ental Quality st for follow-up. S in North Dakot patient to recei	aff who receives in Summaries of bloom a. Refusal by a paive any benefits.	t. A report of an od lead data are atient or a parent	elevated bloc reported to to of a patient	od lead level m the State offici to provide this	ay be reported to a als to describe the	

Please mail completed form to: ND Department of Environmental Quality Division of Waste Management - Blood Lead Surveillance 918 E Divide Avenue, 3rd Floor Bismarck, ND 58501 (701)328-5166

Fax: (701)328-5185